

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 15, 2007 08:00 A
Secretary of State

DOCUMENT # F06000004989

1. Entity Name
SDI ACQUISITION, INC.



Principal Place of Business
725 N HWY 1A STE C-211
JUPITER, FL 33477

Mailing Address
401 N MICHIGAN AVE STE 2700
CHICAGO, IL 60611



05102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1966195	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PK DR STE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000764512
05/30/07-80065-016 550.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS KAZARIAN, GREGORY 401 N MICHIGAN AVE STE 2700 CHICAGO, IL 60611
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STATON, JOHN 401 N MICHIGAN AVE STE 2700 CHICAGO, IL 60611
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Greg Kazarian, Secy 5-11-07 312-324-7830